Electronic Funds Transfer Information Guide

DHCS

Department of **HealthCareServices**

Department of Health Care Services

Third Party Liability and Recovery Division

Table of Contents

I. Introduction

Definition of Electronic Funds Transfer (EFT)
Electronic Funds Transfer (EFT) is a method of instructing financial institutions to electronically transfer money from one bank account to another eliminating the use of paper checks. With the Department of Health Care Services' (DHCS) EFT Program, a Medi-Cal beneficiary or their representative, providers and other entities can initiate payments using the Internet. Funds are electronically transferred from the payer's bank account to the state's bank account. Electronic funds transfers have been used for many years by the federal government, other state agencies, and a number of private businesses.

EFT Program Information Guide
Please read this guide carefully. It is a source of valuable information that will make your participation in the EFT program an easy, quick, and simple process and help avoid unwanted penalty and interest situations.

Voluntary Participation
Medi-Cal beneficiaries or their representatives, providers, a beneficiary's heirs or representatives and other entities can voluntarily remit their payments to DHCS by EFT.

II. EFT Payment Options

ACH Debit Method
The Automated Clearing House (ACH) Debit Method is when a person or entity initiates a payment by Internet or telephone to authorize the State to debit their account and credit the State's bank account. The transaction is simple and there is no cost to you, unless your financial institution charges a fee for the actual transfer of funds. To make online payments, you must have Internet access.

Third Party Liability Recovery Division's (TPLRD) EFT payment process is now offering two online debit methods called Just Pay It and Registered EFT User. Both are secure, easy, and convenient electronic payment options that allow payers to make payments online using their checking or savings bank account. Registered EFT User is a payer account that allows users more flexibility in sending payments such as scheduling multiple payments and access to payment history. Just Pay It (JPI) allows for quick and easy one-time payments without needing to create an account.

To make a payment for the next business day, the transaction must be completed before 3 p.m. Pacific Standard Time (PST) of the current day.

How to Access EFT Payment Options
The DHCS's EFT website can be accessed through one of the following:

☑ DHCS TPLRD web page located at http://dhcs.ca.gov/epay and under Resources click on DHCS Online Payments
☑ PayCalifornia.com, click California Department of Health Care Services.

Online access is available 24 hours a day, 7 days a week. If you cannot access the above-mentioned website, please try again at a later time. Please refer to Section IV. EFT Payment Instructions of this guide for more details.

III.   General EFT Information

Inquiries

Payments made through the Registered EFT User payment option are saved in your account for one year. To view your payment history, please log in your account and click on Payment Inquiry. You can also search for your past payments using the reference number provided after each confirmation screen, the payment amount, the date of submission, or the date of payment. Payments that are scheduled in advance are also viewable and cancelable in this option.

To inquire about a payment transaction made through the "Just Pay It" EFT option, call the TPLRD Electronic Funds Transfer voice mailbox at (916) 650-0547 after 3 p.m., PST, the day the transaction settles. Leave your first and last name, a phone number where we can reach you, the date and time to call you back and a brief message. Please be sure to include your payment reference number. One of our representatives will get back to you as soon as possible.

Proof of Payment

Proof of payment is the statement from your bank showing the actual transfer of funds from your bank account into the State's bank account. The reference number given at the end of an EFT payment transaction does **not** constitute proof of payment; it only assists in locating data transmission.

Refunds

If you have transmitted more than the amount due or would like a refund, you may send a refund request or, in some cases, request to apply the overpayment to another reporting period. Please send your request to the following address:

> Department of Health Care Services
> Third Party Liability and Recovery Division
> Attention: Posting Unit, MS 4720
> P.O. Box 997425
> Sacramento, CA 95899-7425

The following information must be included in your refund request to avoid any delays in processing:

- ☑ Reference Number issued after completing the EFT transaction that you are requesting to refund.
- ☑ Proof of payment (bank statement showing withdrawal of funds)
- ☑ Date of payment
- ☑ Payment amount
- ☑ Name and contact phone number to use for any question(s).
- ☑ Name the refund check is to be made payable.
- ☑ Address to send the refund check.

Please note that refund requests may take up to 90 days to process. In case your request is denied, a notification letter will be mailed to you.

Holidays

A. Bank Holidays
Banking days are days the Federal Reserve banks are open. They are open Monday through Friday, except for the following dates:

> New Year's Day - January 1
> Martin Luther King Jr. Day (third Monday in January)
> Presidents Day (third Monday in February)
> Memorial Day (last Monday in May)
> Independence Day -July 4
> Labor Day (first Monday in September)
> Columbus Day (second Monday in October)
> Veterans Day - November 11
> Thanksgiving Day (fourth Thursday in November)
> Christmas Day - December 25

Note: If a holiday falls on a Saturday, the Friday preceding is considered a bank holiday. If a holiday falls on a Sunday, the following Monday is considered a bank holiday.

B. State Holidays
The following holidays are recognized by the State of California:

> New Year's Day - January 1
> Martin Luther King Jr. Day (third Monday in January)
> Presidents Day (third Monday in February)
> Cesar Chavez Day - March 31
> Memorial Day (last Monday in May)
> Independence Day - July 4
> Labor Day (first Monday in September)
> Veterans Day - November 11
> Thanksgiving Day (fourth Thursday in November)
> Day after Thanksgiving - Friday after Thanksgiving
> Christmas Day - December 25

Note: If a holiday falls on a Sunday, the holiday is observed on the following Monday.

IV.   EFT Payment Instructions

Before You Start…

Have the following information available before initiating an EFT transaction:

- ☑ Request for Payment Correspondence received from DHCS/TPLRD, if any.
- ☑ DHCS Account Number
  - o Please refer to Section A of the Appendix if you are unsure of your DHCS Account Number.
- ☑ DHCS Case Name
- ☑ Amount Due
- ☑ Your bank routing and account numbers. You may use a checking or savings account.
  - o Please contact your financial institution for the correct bank routing number and/or your bank account number to use.

Note: Do not use bank information from a deposit slip.

A. Registered EFT User Payment Option

The Registered User payment option is an EFT option offered by DHCS as an alternative to the original JPI payment option. This option is more robust in features compared to the JPI option as it is a user login account based payment system. Additionally, registered users may find this option more convenient and easier to use as it allows users to schedule multiple payments in the future, view payment history, as well as cancel scheduled payments. Interested users are <u>required</u> to submit a completed registration form to enroll in the program. Please submit a completed enrollment form found in the Appendix or visit the DHCS TPLRD website and refer to the Quick Reference Links for a copy of the enrollment form.

1. Enrolling to the Registered EFT User Payment Option

Once we receive your enrollment form, please allow up to one week for the processing of your application. We will send you a letter confirming the creation of your DHCS Registered EFT User account. An email containing your temporary security code needed for activating your account will also be sent to you. When you have both your DHCS account number and temporary security code, you can activate your account. Please note that the enrollment process may take one to two weeks from the time we receive your enrollment form to complete. If you need to make an immediate payment to DHCS, use the JPI option. (For more information on JPI, please refer to the instructions under Section IV B. Just Pay It Payment Option.)

2. First Time Users

First time users of the Registered EFT User option will need to activate their account and create their login security credentials. You will be prompted to change the temporary security code when you first log in your account. Please remember this information to access your account in the future. Please refer to Section B-1 of the Appendix for instructions on how to activate your account.

Prior to submitting any payments, your bank account information must be created and stored on the EFT website. The Registered EFT User option will only allow you to save one bank account. Create your bank payment method by navigating to the **Payment Method** link on the left sidebar and clicking on **Add a New Bank Account** button. For more detailed instructions on payment method setup, please refer to Section B-2 of the Appendix.

3. **Returning Registered Users**
    Once your account has been activated, log in under the **Returning User** screen: All of the login fields are case sensitive.

    ☑ **Account Number**
        o Enter exactly as printed on your EFT enrollment confirmation letter.
    ☑ **Security Code**
        o If you are logging in after your account activation, use the security code emailed to you by DHCS. You will be asked to change your security code after logging in for the first time.
    ☑ **Password**
        o Use the password you created during the account profile setup, unless it has been changed. Your password must be 8-12 characters with at least 1 number.

    Please remember your account login information to help you access your account in the future.   If you need assistance with your security code or password, click the **Forgot your security code?** or **Forgot your password?** link on the EFT login screen or call a customer representative at 800-554-7500.

4. **Registered User Menu Navigation**
    To navigate through the Registered User website, please select the options (marked by yellow bullets) on the left sidebar of the screen:

    ☑ **Make Payment** – Schedule payments to DHCS
        o Under Invoice Amount - enter the dollar amount you want to pay. Do not enter a dollar sign. You cannot make zero dollar payment and credits are not allowed.
        o Click on the calendar icon to view available dates to schedule your payment. Please note that your payment will be processed and clear your bank account based on your selected Bank Account Debit Date.
        o A Reference Number will be issued at the Payment Acknowledgement page.
        o After completing a payment transaction, you may schedule another payment by clicking the **New Payment** button.
        o If you need to send monthly payments, you can schedule multiple payments up to 12 months in advance. Please click on the Make Payment navigation link again or the New Payment button after completing a payment to schedule another transaction.
        o Please see Section B-3 of the Appendix for more information on how to make a payment.

☑ **Payment Method** – Add, update, and delete bank information.
- o Your bank account information must be entered prior to making payments and will be saved for future payment transfers unless updated or deleted.
- o Any changes made to the payment method will require you to delete and reschedule any pending payments made prior to any updates.
- o Refer to Section B-2 of the [Appendix](#) of this guide for more information on payment method setup.

☑ **Payment Inquiry** – View past and pending scheduled payments.
- o Displays payment history for the past 12 months and allows cancellation of payments if needed.
- o Allows the user to search for specific transactions.
- o To cancel payments, click on the payment that needs to be cancelled and the payment information screen will appear. Please verify that it is the transaction you want to cancel, and then click the "**Cancel Payment**" button.
- o Please be aware that payments that are scheduled to be completed within two days of the current day cannot be cancelled. Please refer to Section B-4 of the [Appendix](#) for more information on payment inquiry.

☑ **Account Profile** – Update Password, Security Code, Security Question and Email Address.
- o Account profile updates require you to enter your current security code and password.
- o Fill out the fields you want to update and click on the **Update** button to confirm your changes.
- o Make sure to remember your new password and security code when making changes.

☑ **FAQ** – Frequently Asked Questions.
- o Lists general questions and answers users may have regarding the EFT website.

☑ **Logout** – Exit Registered User website.
- o Click to exit after you finish making payment(s).
- o Please be sure to click this after you are done using the EFT website to prevent unauthorized access to your account.

B. Just Pay It Payment Option
The Just Pay It payment option is an EFT option offered by the Department of Health Care Services for users who want to make a one-time payment and do not want to create a Registered User account. This option is also available for users that are waiting to be enrolled to the Registered EFT User option. Please use the JPI option if you need to make a payment immediately.

To access the JPI option, select the **Access to the Just Pay It payment option** link on the left sidebar of the Registered EFT User login screen.

☑ Enter your DHCS Account Number. Press **Continue** button.

☑ Enter the payment amount under the **Invoice Amount**. Do not enter a dollar sign. You cannot make zero dollar payment and credits are not allowed.

☑ Click on the calendar icon under the **Bank Account Debit Date** and select one of the active dates. If there is no active date (date in purple color) shown on the calendar, please try again the following day.

   o Before 3 p.m. Pacific Standard Time (PST) of the current business day, the calendar for the Bank Account Debit Date will usually show the next business day and the following 2 business days within the week as "active" dates (date in purple color). After 3 p.m. (PST) of the current business day, the earliest Bank Account Debit Date available will be two (2) business days from the current business day.

   o Please note that your payment will be processed and clear your bank account based on your selected Bank Account Debit Date.

   o It is possible to find no active date(s) on the calendar especially when a holiday occurs before or after Saturday and Sunday. If there is no active date shown on the calendar, please try again the following day.

☑ Press **Continue** button to proceed to the next page.

☑ Contact Information is used for identification purposes only and will be used by TPLRD to contact the payer for any payment related questions. Therefore, enter the payer's contact information on this screen.

    o Under the Case Name, enter the Medi-Cal beneficiary's name as it appears on their Benefits Identification Card (BIC). If you are a provider, please enter the provider name instead.

    o Under the Contact Name, enter the payer's complete name.

    o Enter the payer's complete address, daytime phone number, and e-mail address.

☑ Press **Continue** to proceed to next page.

Just Pay It Payment Option

Account Info   Payment Info   **Contact Info**   Payment Method   Confirm Payment

State of California Dept. of Health Care Services

Access the DHCS web site

Return to the California EFT System Menu

FAQ

Please enter your contact information and click **Continue**.

Contact Information
The contact information is used for identification purposes only and will not be re-sold.

Case Name:

Contact Name:

Address:

City:

State/Province: California

ZIP/Postal Code:

Country: United States

Daytime Phone Number: - - ext.:

E-mail address:

If you have an e-mail address, please provide it so that we may send you a confirmation of payment or to notify you of any payment problems. Your e-mail address will not be used for any other purpose.

Re-type e-mail address:

Continue   Back   Cancel

Note: Press Continue to go to the next page. Press Back to go to the previous page to make corrections. Press Cancel when you do not want to proceed with the transaction

☑ **Payment Method – Bank Account**
  o Bank Account Type – identify whether it is Checking or Savings account.
  o Account Holder Name – enter the name(s) on the bank account. For Business accounts, enter the name of the business.
  o Routing Number – enter the payer's nine-digit bank routing number found at the bottom, left-side, of the check. Do not refer to your deposit slip.
  o Bank Account Number – enter the payer's bank account number found at the bottom, right-side, of the check.
    ▪ You are required to re-enter your bank account number to ensure accuracy of entered information.
  o Check the box to authorize your financial institution to transfer funds from your bank account to the DHCS's bank account.
    ▪ If you do not want to authorize this transaction, press Cancel.
    ▪ Click Continue to go to the next screen.

DHCS
HealthCareServices
State of California
Dept. of Health Care Services

Access the DHCS web site

Return to the California
EFT System Menu

FAQ
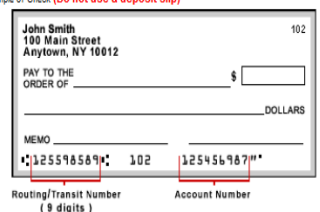
Just Pay It Payment Option

Account Info   Payment Info   Contact Info   **Payment Method**   Confirm Payment

Please enter your payment method information and click **Continue**. You will be asked to confirm your payment before submitting it.

Payment Method - Bank Account

Example of Check **(Do not use a deposit slip)**

John Smith
100 Main Street
Anytown, NY 10012   102

PAY TO THE
ORDER OF _____ $ _____

_____ DOLLARS

MEMO _____

⑆125598589⑆ 102 125456987⑈

Routing/Transit Number   Account Number
(9 digits)

Bank Account Type: ○ Checking ○ Savings

Account Holder Name:
(Name(s) on check)

Routing Number:
(Do not use routing number from example above)

Bank Account Number:

Re-Enter Bank Account Number:

View Authorization Agreement for direct payment (ACH Debits).

☐ You are authorizing your financial institution to transfer funds from your bank account to the Department of Health Care Services' bank account.

[Continue]   [Back]   [Cancel]

☑ **Confirm Payment** - summary of the information you previously entered and the amount to be debited to the payer's bank account.

o Review all information for correctness.
o Press **Submit Payment** to complete the transaction. Press Cancel if you do not want to proceed with the transaction.

☑ A **Reference Number** is generated once the payment is accepted. Please print and/or retain this information for your records.

- o   The reference number does not constitute proof of payment; it only assists in locating data transmission.

☑ Press **New Payment,** if you need to make another transaction. Otherwise, close the browser window to prevent unauthorized access to your personal information.

V.   Terms and Conditions

Please read all of the terms and conditions carefully. By clicking **Submit Payment** on the EFT transaction, you agree to the terms and conditions as stated below:

1. By completing the Electronic Funds Transfer authorization, you are authorizing DHCS to transfer funds from your financial institution account to DHCS.

2. The Bank Account Debit Date is the actual day the funds from your bank transfers out to DHCS. Make sure to schedule your payments accordingly to avoid any problems with funds availability.

3. It is your responsibility to check your financial institution account statement to verify the accuracy of the date and amount of any EFT payments. If you discover an error, please notify your financial institution immediately.

4. If your financial institution returns an EFT payment transaction unpaid for any reason, including but not limited to, insufficient funds in your account or inaccurate information provided when you submit your electronic payment, any incurred penalties (such as returned check fee) will be your responsibility.

5. The use of the DHCS EFT is offered at no cost, but it is your responsibility to check with your financial institution whether they charge a fee for the actual transfer of funds.

6. The Department makes no warranties, express or implied, about the electronic funds transfer process. In no event will the Department be responsible for any incidental or consequential losses or damages arising out of, or in any way resulting from, the performance or non-performance, acts or omissions of third parties involved in the electronic funds transfer process, including but not limited to various courier services, the Federal Reserve Bank, the Automated Clearing House, the banks and their employees/agents involved in the process, or any financial institution which receives or originates or makes electronic funds transfers.

VI.   Appendix

A. Locating Your DHCS Account Number

Correspondence that you receive from Department of Health Care Services will include your DHCS account number. Your DHCS account number is comprised of a program identifier letter followed by your Client Index Number (CIN) and if applicable, a sequence number (example: D98765432A or C98765432A-001). Your CIN is the set of 8 numbers and a letter beginning with a "9" (example: 98765432A) found on your Medi-Cal Benefits Identification Card (BIC). Your payment may be delayed if an incorrect DHCS account number was submitted. Please see below on information on DHCS account number formats:

- ☑ Working Disabled Program: D + CIN (ex: D98765432A)
- ☑ Estate Recovery: P + CIN + sequence# (ex: P98765432A-001)
- ☑ Personal Injury: C + CIN + sequence# (ex: C98765432F-001)
- ☑ Overpayments:
  - o Providers: V + NPI + sequence# (ex: V9876543210-001)
  - o Beneficiaries: B + CIN + sequence# (ex: B987654321-001)
  - o State Share: G + NPI + sequence# (ex: GDME02402F-001)
- ☑ Quality Assurance Fee :
  - o Skilled Nursing Facilities: Q + SNF + NPI (ex: QSNF9876543210)
  - o Intermediate Care Facilities: Q + ICF + NPI (ex: QICF9876543210)

B. Using the Registered EFT User Website

The following sections describe how to use the Registered EFT User website. Please review the guides here if you need help navigating the website.

1. How to Activate your Registered EFT User Account

First time registered users will need to activate their account and create their login security credentials. Please follow the instructions below to properly activate your account. Please note that all entries are <u>case sensitive</u>. Click on the **First Time User** button at the DHCS Login for Registered EFT User screen.

The First Time User screen will open. You will need to fill in the following fields to complete your activation:

- ☑ Enter your **DHCS Account Number**.
    - o Please enter the DHCS Account Number exactly as printed in your EFT enrollment confirmation letter.
- ☑ Enter the **Security Code** provided to you via email.
- ☑ Create and enter a password for your account.
    - o Your password must be 8-12 characters with at least 1 number.
- ☑ Select a **Security Question** from the drop-down menu and enter the answer to your selected security question.
- ☑ Enter your current **Email Address**.
    - o Your security code will be sent to your email address and will be the main point of contact if there are any issues with your payment.
- ☑ Click **Create Profile** button to finish setting up your login security information.

A confirmation message will appear on the screen to let you know that your account has been activated. Otherwise, a message will appear to guide you on how to correct any error(s). Select the **Access to Web Payer Login Page** from the menu on the left sidebar of the screen to take you back to the login for Registered EFT User page.

2. How to Setup Payment Method

Before you can initiate any payments, your bank account information must be entered and stored on the EFT website. The Registered User option will only allow you to save one bank account. Add your bank payment method by selecting the **Payment Method** link on the left sidebar and clicking on **Add a New Bank Account** button.

a. Adding New Bank Account

☑ **Bank account type** – use the drop-down menu to select Checking or Savings account.

☑ **Account holder name** – the name provided during the enrollment process will automatically fill in. You may update this field to enter the correct bank account holder name. For Business accounts, enter the name of the business.

☑ **Routing number** – enter the payer's nine-digit bank routing number found at the bottom, left-side, of the check. Do not refer to your deposit slip.

☑ **Account Number** – enter the payer's bank account number found at the bottom, right-side, of the check.
  o Make sure to enter your correct bank account number to avoid delays in your payment.

☑ **Nickname** – enter a name that will help you identify the bank account you are using for making payments.

☑ Check the box to authorize your financial institution to transfer funds from your bank account to the DHCS's bank account.

☑ If you do not want to authorize this transaction, press Cancel.

☑ Click **Add** to save your payment method information.

A confirmation page will show up after you successfully setup your payment method. Select **Make Payment** from the left sidebar or Logout to exit the system.

b. Updating Payment Method

The Payment Methods screen will show the nickname and the account/card holder name of the bank information currently saved in your account. If you need to change or delete this information, click the nickname under Payment Method.

The bank account information will be displayed. Click one of the following:

☑ Update – Make changes to your bank account information and click on the "Update" button to confirm changes
☑ Delete - Completely removes saved bank information.
☑ Cancel – Exits the Bank Account screen.

Important Payment Information: If you have made changes to your bank account information, you will need to <u>cancel all</u> scheduled future payments and recreate these payments to use your new banking information. Please go to **Payment Inquiry** to cancel scheduled future payments.

3. How to Make a Payment

The Make Payment screen is the default screen loaded after logging into your account. To make a payment, please follow the steps below:

- ☑ Enter the payment amount in the **Invoice Amount** box.
- ☑ Select a **Bank Account Debit Date** for the day you want your payment to transfer.
- ☑ Click on **Continue** for the next screen.

The **Confirm Payment Information** screen contains information submitted in the previous screen.

- ☑ Please verify the information you have submitted.
- ☑ Click **Submit Payment** to continue.

The **Payment Acknowledgement** screen displays confirmation of payment submission and provides a Reference Number. Please print or save information on this page for your records.

- ☑ If you would like to schedule another payment, click on the **New Payment** button or **Make Payment** link on the left sidebar.
- ☑ Once you are done using the EFT webpage, click on **Logout** to exit.

4. How to use Payment Inquiry and Delete Payments

The Payment Inquiry screen allows you to view payment history and any scheduled payments. If you made a mistake in scheduling your payment, you have the ability to cancel the payment. Please note that if the payment is scheduled to complete within two days of the current day, the payment can no longer be cancelled. Please see below for information on the Payment Inquiry Screen:

☑ Click on the **Payment Inquiry** link to access the screen.
☑ This screen displays recently scheduled payments for the past 365 days.
☑ You may search payments by the Reference Number, Payment Amount, Payment Submission Date, or Bank Debit Date if you are looking for a specific payment.
☑ To view a payment in detail, simply click on the listed payment.

The **Payment Details** screen displays information on the payment you selected. You may review selected payments details and cancel scheduled payments if still available.

☑ To cancel the payment, if still possible, simply select the **Cancel Payment** button.

Click on the **Confirm Cancelation** button to continue

A **Payment Cancelation Confirmation** screen is displayed for your verification. Please review and save or print this screen for your records.

Payment Cancelation Confirmation

PRINT THIS PAGE

*Payment canceled. Please note your **Cancelation** Reference number.*

Reference Number:	71733035-142024	
Payment Submission Date and Time:		01/15/2014 14:20:24 PT
Previous Status:	Scheduled	01/15/2014 14:20:24 PT
Current Status:	Canceled	01/15/2014 14:40:45 PT

Invoice Amount:	$20.00
Other Amount:	$0.00
Total Amount:	$20.00
Bank Account Debit Date:	01/31/2014

Please keep this information for your records.

Back

State of California
Dept. of Health Care Services

Access the DHCS web site

Return to the California
EFT System Menu

○ Make Payment
○ Payment Method
○ Payment Inquiry
○ Account Profile
○ FAQ
○ Logout

C. Glossary of Terms and Acronyms

Automated Clearing House (ACH) means any Federal Reserve Bank or other entity that operates as a clearing house for electronic debit or credit entries pursuant to an agreement with an association which is a member of the National ACH Association.

ACH Debit is a method by which monies are transferred electronically through the ACH network. ACH Debit means an ACH transaction in which the State, through its depository bank, originates an ACH transaction debiting the designated payer's bank account and crediting the State's bank account for the amount of the payment.

Bank Account Debit Date is the date an EFT payer instructs a bank or the data collector to process the transfer of funds.

Business Day is any banking day except those that are observed as a bank holiday.

Electronic Funds Transfer (EFT) is a generic term used to describe any ACH or wire transfer.

Invoice Amount/Other Amount are the two fillable boxes in the "Make Payment" screen. The invoice amount is the amount you are paying to DHCS and cannot be zero dollars. The other amount is optional to enter and will add to the invoice amount. The sum of the invoice amount and the other amount will be the total dollar amount to be scheduled for payment.

Personal Representative/Contact Person is the authorized person to contact for a beneficiary or provider. Proof of authorization such as a letter of conservancy, or court order is required for the Registered EFT User enrollment form.

Reference Number is the number generated by the EFT website to confirm submission of the payment scheduled. This number is used to track your payment in the transaction database.

Security Code is a 4-digit code that is required to log in your account in the Registered EFT User website. You will receive a temporary code by email and will be required to change the code after first logging in your account.

Department of Health Care Services

Electronic Funds Transfer (EFT) Registered User Enrollment Form

Section I

General Information- (All fields required except E if applicable)

A. Beneficiary/ Provider/ Case Name:	**B. DHCS Account #:** (Refer to Instructions page for format)
C. Mailing Address: (*Number, Street, City, State, Zip code*)	
D. **Email Address:** (Review for accuracy)	**E. Personal Representative/ Contact Person:** (*If applicable*)

Notice: This document is for DHCS internal use only and will not be shared with other entities.

Information provided in this section will only be used for account validation and enrollment in the EFT Registered User option by DHCS staff and its authorized financial institution.

By providing your email address you agree to receive and accept communications regarding EFT via email.

Section II

Authorization

Please read the following Authorization Agreement:

Automated Clearing House (ACH) Debit- I hereby authorize designated Financial Agents of the Department of Health Care Services (DHCS), Third Party Liability and Recovery Division (TPLRD) to initiate debit entries to the financial institution account that I saved in my Registered User Account, for payments owed to the DHCS TPLRD upon my request (beneficiary/ provider) or my representative, using ACH debit method.

Automated Clearing House (ACH) Credit- I hereby authorize the Electronic Funds Transfer (EFT) contact person and the financial institutions involved in processing my EFT payments to receive this confidential information necessary for enrollment in the Registered User option.

- I authorize the disclosure of my individually identifiable information as described above for the purpose described.
- If I sign this authorization to use or disclose information, I can revoke that authorization at any time, in writing. The revocation will not affect information already used or disclosed.
- I have the right to receive a copy of this authorization.
- I am signing this authorization voluntarily and treatment, payment or my eligibility for benefits will not be affected if I do not sign this authorization.
- I understand that a person to whom records and information are disclosed pursuant to this authorization may not further use or disclose the information unless another authorization is obtained from me or unless such disclosure is specifically required or permitted by law.

A. Beneficiary/ Provider Representative/ Contact Signature	**B. Date**

(Refer to the instructions on reverse)

Instructions:

Section I - General Information (All information must be completed, except E.)

A. **Beneficiary/ Provider/ Case Name:** Enter the complete Medi-Cal Beneficiary or Provider name as shown on DHCS invoice or correspondence. For Estate Recovery, enter the Estate or Case Name.

B. **DHCS Account Number:** To help in processing payments to the correct account, an identifier is added at the beginning of the Beneficiary's Client Index Number (CIN), or the Provider's National Provider Identifier (NPI). Please include the identifier to your account number on the enrollment form.
   1. **Working Disabled Program**: D + CIN (ex: **D**98765432A)
   2. **Estate Recovery**: P + CIN + sequence# (ex: **P**98765432A-001)
   3. **Personal Injury**: C + CIN + sequence# (ex: **C**98765432F-001)
   4. **Overpayments**:
      Providers: V + NPI + sequence# (ex: **V**9876543210-001)
      Beneficiaries: B + CIN + sequence# (ex: **B**987654321-001)
      State Share: G + NPI + sequence# (ex: **G**DME02402F-001)
   5. **Quality Assurance Fee** :
      Skilled Nursing Facilities: Q + SNF + NPI (ex: **QSNF**9876543210)
      Intermediate Care Facilities: Q + ICF + NPI (ex: **QICF**9876543210)

C. **Mailing Address:** Enter your mailing address where DHCS correspondence and forms should be sent.

D. **Email Address:** Enter your email address and review to make sure that it is correct.

E. **Personal Representative/ Contact Person:** Enter name of the authorized personal representative of the beneficiary, or the name of the contact person for a Provider or Estate.

   • If you are an authorized personal representative for a beneficiary (e.g. legal guardian, conservator, etc.), please provide proof of authority to sign on behalf of the beneficiary (e.g. letters of conservancy, court order, etc.)

Section II - Authorization – This section must be completed.

A. Signature: The beneficiary or the provider's contact person must sign the form to indicate participation in the EFT Registered User option and agreement with the terms and conditions.

B. Date: Enter the date the form is signed.

Send the completed enrollment form by using the enclosed prepaid envelope or by mailing to:

> **Department of Health Care Services**
> **TPLRD ASU EFT Admin, MS 4718**
> **P.O. Box 997425**
> **Sacramento, CA 95899-7425**

By enrolling in the Registered User option, payments are not automatically deducted from your bank account. Registered Users are responsible for logging in and scheduling payments to DHCS.

If you need to make payment(s) immediately, please visit www.paycalifornia.com and use the Just Pay It Option.